

CLIENT 1634

WISEMAN & BURKE, INC.
206 S. BRAND BLVD.
GLENDALE, CA 91204
(818) 247-1007

September 24, 1998

Kathleen M. Gold
11054 Ventura Blvd Apt. 203
Studio City, CA 91604

Dear Kathleen,

Enclosed is your 1997 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$4,078.

Mail your Federal return with Form 1040-V payment voucher on or before October 15, 1998 and make your check payable to:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000

Enclosed is your 1997 California Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$216.

Mail your California return with Form 540-V payment voucher on or before October 15, 1998 and make your check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0001

Your 1998 estimated tax payment schedule is listed below. Mail your payments to the address shown on your estimated tax payment vouchers.

| Due Date | Federal | California |
|----------|----------|------------|
| 4/15/98 | \$ 1,017 | \$ 54 |
| 6/15/98 | 1,017 | 54 |
| 9/15/98 | 1,017 | 54 |
| 1/15/99 | 1,017 | 54 |
| | ----- | ----- |
| | \$ 4,068 | \$ 216 |

Please be sure to call if you have any questions.

Sincerely,

DAVID P. THELIN

1997 Individual Return
prepared for:

Kathleen M. Gold
11054 Ventura Blvd Apt. 203
Studio City, CA 91604

Wiseman & Burke, Inc.
206 S. Brand Blvd.
Glendale, CA 91204

KATHLEEN M. GOLD

| | 1997 | 1996 | DIFF |
|--|--------|--------|--------|
| INCOME | | | |
| WAGES, SALARIES, TIPS, ETC | 0 | 428 | -428 |
| INTEREST INCOME | 0 | 18 | -18 |
| BUSINESS INCOME | 17,784 | 3,278 | 14,506 |
| RENT, ROYALTY, PARTNERSHIP, ESTATE . . . | 346 | -67 | 413 |
| TOTAL INCOME | 18,130 | 3,657 | 14,473 |
| ADJUSTMENTS TO INCOME | | | |
| ONE-HALF OF SELF-EMPLOYMENT TAX | 1,281 | 232 | 1,049 |
| TOTAL ADJUSTMENTS | 1,281 | 232 | 1,049 |
| ADJUSTED GROSS INCOME | 16,849 | 3,425 | 13,424 |
| ITEMIZED DEDUCTIONS | | | |
| TAXES | 0 | 5 | -5 |
| CONTRIBUTIONS | 809 | 0 | 809 |
| TOTAL ITEMIZED DEDUCTIONS | 809 | 5 | 804 |
| TAX COMPUTATION | | | |
| STANDARD DEDUCTION | 4,150 | 4,000 | 150 |
| LARGER OF ITEMIZED OR STANDARD DEDUCTION | 4,150 | 4,000 | 150 |
| INCOME PRIOR TO EXEMPTION DEDUCTION . . | 12,699 | -575 | 13,274 |
| EXEMPTION DEDUCTION | 2,650 | 2,550 | 100 |
| TAXABLE INCOME | 10,049 | -3,125 | 13,174 |
| TAX BEFORE CREDITS | 1,504 | 0 | 1,504 |
| CREDITS | | | |
| TOTAL CREDITS | 0 | 0 | 0 |
| TAX AFTER CREDITS | 1,504 | 0 | 1,504 |
| OTHER TAXES | | | |
| SELF-EMPLOYMENT TAX | 2,562 | 463 | 2,099 |
| TOTAL TAX | 4,066 | 463 | 3,603 |
| PAYMENTS | | | |
| FEDERAL INCOME TAX WITHHELD | 0 | 34 | -34 |
| EARNED INCOME CREDIT | 0 | 266 | -266 |
| TOTAL PAYMENTS | 0 | 300 | -300 |
| REFUND OR AMOUNT DUE | | | |
| UNDERPAYMENT PENALTY | 12 | 0 | 12 |
| AMOUNT YOU OWE | 4,078 | 163 | 3,915 |
| TAX RATES | | | |
| MARGINAL TAX RATE | 15.0% | 0.0% | 15.0% |
| EFFECTIVE TAX RATE | 40.5% | 0.0% | 40.5% |

KATHLEEN M. GOLD

| | 1997 | 1996 | DIFF |
|--|--------|-------|--------|
| FEDERAL ADJUSTED GROSS INCOME | | | |
| FEDERAL ADJUSTED GROSS INCOME | 16,849 | 3,425 | 13,424 |
| ADJUSTED GROSS INCOME | | | |
| ADJUSTED GROSS INCOME | 16,849 | 3,425 | 13,424 |
| ITEMIZED DEDUCTIONS | | | |
| FEDERAL ITEMIZED DEDUCTIONS | 809 | 5 | 804 |
| LESS STATE, LOCAL AND FOREIGN TAXES. . . | 0 | 5 | -5 |
| CALIFORNIA ITEMIZED DEDUCTIONS | 809 | 0 | 809 |
| CALIFORNIA STANDARD DEDUCTION | 2,583 | 2,527 | 56 |
| TAX COMPUTATION | | | |
| TAXABLE INCOME | 14,266 | 898 | 13,368 |
| TAX | 284 | 9 | 275 |
| EXEMPTION CREDITS | 68 | 67 | 1 |
| NET TAX | 216 | 0 | 216 |
| PAYMENTS | | | |
| CALIFORNIA INCOME TAX WITHHELD | 0 | 2 | -2 |
| TOTAL PAYMENTS | 0 | 2 | -2 |
| REFUND OR AMOUNT DUE | | | |
| AMOUNT OVERPAID | 0 | 2 | -2 |
| AMOUNT YOU OWE | 216 | 0 | 216 |
| AMOUNT REFUNDED TO YOU | 0 | 2 | -2 |
| TAX RATES | | | |
| MARGINAL TAX RATE | 4.0% | 1.0% | 3.0% |
| EFFECTIVE TAX RATE | 1.5% | 0.0% | 1.5% |

KATHLEEN M. GOLD

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, 1040-ES, 1040-V, C, E P2, SE, 2210, 2688, 4868
CALIFORNIA: 540, 540-ES, 540-V, 3519

| | FEDERAL | CALIFORNIA |
|----------------------|---------|------------|
| MARGINAL TAX RATE | 15.0% | 4.0% |
| EFFECTIVE TAX RATE | 40.5% | 1.5% |
| UNDERPAYMENT PENALTY | 12 | |

CARRYOVERS TO 1998

| | |
|----------------------------------|-----|
| DEDUCTIBLE STATE AND LOCAL TAXES | 216 |
|----------------------------------|-----|

FEDERAL ESTIMATES

| | ESTIMATE | OVERPAYMENT | BALANCE |
|---------|----------|-------------|---------|
| 4/15/98 | 1,017 | | 1,017 |
| 6/15/98 | 1,017 | | 1,017 |
| 9/15/98 | 1,017 | | 1,017 |
| 1/15/99 | 1,017 | | 1,017 |
| | ----- | ----- | ----- |
| TOTAL | 4,068 | | 4,068 |

CALIFORNIA ESTIMATES

| | ESTIMATE | OVERPAYMENT | BALANCE |
|---------|----------|-------------|---------|
| 4/15/98 | 54 | | 54 |
| 6/15/98 | 54 | | 54 |
| 9/15/98 | 54 | | 54 |
| 1/15/99 | 54 | | 54 |
| | ----- | ----- | ----- |
| TOTAL | 216 | | 216 |

KATHLEEN M. GOLD

Federal

Record of Estimated Tax Payment

| Payment Number | Date Due | Overpayment Applied | Balance Due | Amount Paid | Date paid | Check or money order number |
|----------------|----------|---------------------|-------------|-------------|-----------|-----------------------------|
| 1 | 4/15/98 | | 1,017 | | | |
| 2 | 6/15/98 | | 1,017 | | | |
| 3 | 9/15/98 | | 1,017 | | | |
| 4 | 1/15/99 | | 1,017 | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| Total | | | 4,068 | | | |

Name of Jurisdiction: CALIFORNIA

State and Local

Record of Estimated Tax Payment

| Payment Number | Date Due | Overpayment Applied | Balance Due | Amount Paid | Date paid | Check or money order number |
|----------------|----------|---------------------|-------------|-------------|-----------|-----------------------------|
| 1 | 4/15/98 | | 54 | | | |
| 2 | 6/15/98 | | 54 | | | |
| 3 | 9/15/98 | | 54 | | | |
| 4 | 1/15/99 | | 54 | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| Total | | | 216 | | | |

1998 Estimated Tax Worksheet (keep for your records)

| | | | |
|------------|---|------------|-------|
| 1 | Enter amount of adjusted gross income you expect in 1998 (see instructions) | 1 | |
| 2 | <ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 above is over \$124,500 (\$62,250 if married filing separately), your deduction may be reduced. See Pub. 505 for details. • If you do not plan to itemize deductions, see Standard Deduction for 1998 on page 3, and enter your standard deduction here. | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Exemptions. Multiply \$2,700 by the number of personal exemptions. If you can be claimed as a dependent on another person's 1998 return, your personal exemption is not allowed. Caution: If line 1 above is over \$186,800 (\$155,650 if head of household; \$124,500 if single; \$93,400 if married filing separately), see Pub. 505 to figure the amount to enter | 4 | 0 |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Tax. Figure your tax on the amount on line 5 by using the 1998 Tax Rate Schedules on page 2. DO NOT use Tax Table or Tax Rate Schedules in 1997 Form 1040 or Form 1040A instructions. Caution: If you have a net capital gain, see Pub. 505 to figure the tax. | 6 | 0 |
| 7 | Additional taxes (see instructions) | 7 | |
| 8 | Add lines 6 and 7 | 8 | |
| 9 | Credits (see instructions). Do not include any income tax withholding on this line | 9 | |
| 10 | Subtract line 9 from line 8. Enter the result, but not less than zero | 10 | |
| 11 | Self-employment tax (see instructions). Estimate of 1998 net earnings from self-employment \$; if \$68,400 or less , multiply the amount by 15.3%; if more than \$68,400 , multiply the amount by 2.9%, add \$8,481.60 to the result, and enter the total. Caution: If you also have wages subject to social security tax, get Pub. 505 to figure the amount to enter | 11 | |
| 12 | Other taxes (see instructions) | 12 | |
| 13a | Add lines 10 through 12 | 13a | |
| b | Earned income credit and credit from Form 4136 | 13b | |
| c | Subtract line 13b from line 13a. Enter the result, but not less than zero. THIS IS YOUR TOTAL 1998 ESTIMATED TAX . . ▶ | 13c | |
| 14a | Multiply line 13c by 90% (66 2/3% for farmers and fishermen) | 14a | |
| b | Enter the tax shown on your 1997 tax return | 14b | 4,066 |
| c | Enter the smaller of line 14a or 14b. THIS IS YOUR REQUIRED ANNUAL PAYMENT TO AVOID A PENALTY ▶ Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For more details, get Pub. 505. | 14c | 4,066 |
| 15 | Income tax withheld and estimated to be withheld during 1998 (including income tax withholding on pensions, annuities, certain deferred income, etc.) | 15 | |
| 16 | Subtract line 15 from line 14c. (Note: If zero or less, or line 13c minus line 15 is less than \$1,000, stop here. You are not required to make estimated tax payments.) | 16 | 4,066 |
| 17 | If the first payment you are required to make is due April 15, 1998, enter 1/4 of line 16 (minus any 1997 overpayment that you are applying to this installment) here and on your payment voucher(s) | 17 | 1,017 |

100% OF
1997 TAX
ELECTED

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1998 Voucher 1**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

Calendar year - Due April 15, 1998

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1998 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | | | | |
|-----------------------------------|-------------------------|--|------------------------|---|
| Amount of payment \$ 1,017 | PLEASE PRINT TYPE | Your first name and initial KATHLEEN M. | Your last name GOLD | Your social security number [REDACTED] |
| | | If joint payment, complete for spouse | | |
| | | Spouse's first name and initial | Spouse's last name | Spouse's social security number |
| | | Address (number, street, and apt. no.) 11054 VENTURA BLVD 203 | | |
| | | City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) STUDIO CITY, CA 91604 | | |

For Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1998 Voucher 2**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

Calendar year - Due June 15, 1998

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1998 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | | | | |
|-----------------------------------|-------------------------|--|------------------------|---|
| Amount of payment \$ 1,017 | PLEASE PRINT TYPE | Your first name and initial KATHLEEN M. | Your last name GOLD | Your social security number [REDACTED] |
| | | If joint payment, complete for spouse | | |
| | | Spouse's first name and initial | Spouse's last name | Spouse's social security number |
| | | Address (number, street, and apt. no.) 11054 VENTURA BLVD 203 | | |
| | | City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) STUDIO CITY, CA 91604 | | |

For Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1998 Voucher 3**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

Calendar year - Due Sept. 15, 1998

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1998 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | | | | |
|-----------------------------------|-------------------------|---|--------------------|---------------------------------|
| Amount of payment \$ 1,017 | PLEASE PRINT TYPE | Your first name and initial | Your last name | Your social security number |
| | | KATHLEEN M. | GOLD | |
| | | If joint payment, complete for spouse | | |
| | | Spouse's first name and initial | Spouse's last name | Spouse's social security number |
| | | Address (number, street, and apt. no.) | | |
| | | 11054 VENTURA BLVD 203 | | |
| | | City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) | | |
| | | STUDIO CITY, CA 91604 | | |

For Paperwork Reduction Act Notice, see Instructions on page 5.

Tear off here

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1998 Voucher 4**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

Calendar year - Due Jan. 15, 1999

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1998 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | | | | |
|-----------------------------------|-------------------------|---|--------------------|---------------------------------|
| Amount of payment \$ 1,017 | PLEASE PRINT TYPE | Your first name and initial | Your last name | Your social security number |
| | | KATHLEEN M. | GOLD | |
| | | If joint payment, complete for spouse | | |
| | | Spouse's first name and initial | Spouse's last name | Spouse's social security number |
| | | Address (number, street, and apt. no.) | | |
| | | 11054 VENTURA BLVD 203 | | |
| | | City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) | | |
| | | STUDIO CITY, CA 91604 | | |

For Paperwork Reduction Act Notice, see Instructions on page 5.

Tear off here

1998

Estimated Tax for Individuals

540-ES

| | | | |
|---|---------|--------------|---------------------------------|
| Fiscal year filers, enter year ending: month | | year 1 9 9 9 | |
| Your first name | Initial | Last name | Your social security number |
| KATHLEEN M. | | GOLD | |
| If joint payment, spouse's first name | Initial | Last name | Spouse's social security number |
| Present home address - number and street including PO Box or rural route | | | Apt. no. |
| 11054 VENTURA BLVD | | | 203 |
| City, town or post office | | State | ZIP Code |
| STUDIO CITY | | CA | 91604 |
| Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 1998" on it. Do not combine this payment with payment of your tax due for 1997. Mail this voucher and your check or money order to: | | | Amount of payment |
| 540-ES UNIT FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0031 | | | \$ 54.00 |
| For Privacy Act Notice, see form FTB 1131. File only if you are making a payment of estimated tax. | | | |
| Form 540-ES (REV. 1997) | | | |

1998

Estimated Tax for Individuals

540-ES

| | | | |
|---|---------|--------------|---------------------------------|
| Fiscal year filers, enter year ending: month | | year 1 9 9 9 | |
| Your first name | Initial | Last name | Your social security number |
| KATHLEEN M. | | GOLD | |
| If joint payment, spouse's first name | Initial | Last name | Spouse's social security number |
| Present home address - number and street including PO Box or rural route | | | Apt. no. |
| 11054 VENTURA BLVD | | | 203 |
| City, town or post office | | State | ZIP Code |
| STUDIO CITY | | CA | 91604 |
| Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 1998" on it. Do not combine this payment with payment of your tax due for 1997. Mail this voucher and your check or money order to: | | | Amount of payment |
| 540-ES UNIT FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0031 | | | \$ 54.00 |
| For Privacy Act Notice, see form FTB 1131. File only if you are making a payment of estimated tax. | | | |
| Form 540-ES (REV. 1997) | | | |

LSC
TAXABLE YEAR

1998

Estimated Tax for Individuals

CALIFORNIA FORM

540-ES

Fiscal year filers, enter year ending: month year 1 9 9 9

Your first name Initial Last name

KATHLEEN M. GOLD

Your social security number

If joint payment, spouse's first name Initial Last name

Spouse's social security number

Present home address - number and street including PO Box or rural route

11054 VENTURA BLVD

Apt. no.

203

City, town or post office

State ZIP Code

STUDIO CITY

CA 91604

Payment
Voucher
3

Due Sept. 15, 1998

Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 1998" on it. Do not combine this payment with payment of your tax due for 1997. Mail this voucher and your check or money order to:

540-ES UNIT
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0031

Amount of payment

\$

54.00

For Privacy Act Notice, see form FTB 1131. File only if you are making a payment of estimated tax.

Form 540-ES (REV. 1997)

LSC
TAXABLE YEAR

1998

Estimated Tax for Individuals

CALIFORNIA FORM

540-ES

Fiscal year filers, enter year ending: month year 1 9 9 9

Your first name Initial Last name

KATHLEEN M. GOLD

Your social security number

If joint payment, spouse's first name Initial Last name

Spouse's social security number

Present home address - number and street including PO Box or rural route

11054 VENTURA BLVD

Apt. no.

203

City, town or post office

State ZIP Code

STUDIO CITY

CA 91604

Payment
Voucher
4

Due Jan. 15, 1999

Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 1998" on it. Do not combine this payment with payment of your tax due for 1997. Mail this voucher and your check or money order to:

540-ES UNIT
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0031

Amount of payment

\$

54.00

For Privacy Act Notice, see form FTB 1131. File only if you are making a payment of estimated tax.

Form 540-ES (REV. 1997)

Form **4868**Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return****1997**

| Part I Identification | | Part II Individual Taxes |
|---|---------------------------------------|---|
| 1 Your name(s) (see instructions) | | |
| KATHLEEN M. GOLD | | 4 Total tax liability for 1997 \$ 4,066 |
| WISEMAN & BURKE, INC. | | 5 Total 1997 payments 0 |
| Address (see instructions) | | 6 Balance. Subtract 5 from 4 4,066 |
| 206 S. BRAND BLVD. | | |
| City, town or post office, state, and ZIP code | | Part III Gift/GST Tax - If you are not filing a gift or GST tax return, go to Part IV now. See the instructions. |
| GLENDALE, CA 91204 | | |
| 2 Your social security number | 3 Spouse's social security no. | 7 Your gift or GST tax payment. . . . \$ |
| [REDACTED] | [REDACTED] | 8 Your spouse's gift/GST tax payment |
| This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Check below if requesting a gift or GST tax return extension, and enter your tax payment(s) in Part III: | | Part IV Total |
| Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | | 9 Total liability. Add lines 6, 7, and 8 \$ 4,066 |
| | | 10 Amount you are paying ▶ 4,066 |
| | | If line 10 is less than line 9, you may be liable for interest and penalties. See page 3. |

MAIL FORM 4868 PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 54916
LOS ANGELES, CA 90054-0916

FORM

1040-V

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

1997

▶Do not staple or attach this voucher to your payment.

1 Enter the amount of the payment you
are making

▶ \$ 4,078

2 Enter the first four letters of your last name

G O L D

3 Enter your social security number

4 If a joint return, enter the SSN shown
second on that return

5 Enter your name(s)

KATHLEEN M. GOLD

Enter your address

11054 VENTURA BLVD 203

Enter your city, state, and ZIP code

STUDIO CITY, CA 91604

Cut along the dotted line.

MAIL FORM 1040-V PAYMENTS WITH YOUR RETURN TO:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "Internal Revenue Service."
Please write your social security number, daytime phone number, and "1997 Form 1040" on your check or money order. Please do not send cash.
Enclose, but do not staple or attach, your payment with this voucher.

Label

(See instructions on page 10.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1 - Dec. 31, 1997, or other tax year beginning

, 1997, ending

, 19

Your first name and initial

Last name

KATHLEEN M. GOLD

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 10.

Apt. no.

11054 VENTURA BLVD

203

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.

STUDIO CITY, CA 91604

Your social security number

Spouse's social security number

For help finding line instructions, see pages 2 and 3 in the booklet.

Presidential Election Campaign (See page 10.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Yes No

X

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
- 4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 10.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☐ Spouse.

No. of boxes checked on 6a and 6b

1

c Dependents:

(1) First Name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) No. of mos. lived in your home in 1997

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 11)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

1

d Total number of exemptions claimed.

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 12.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|-----|---|-----|--------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a | Taxable interest. Attach Schedule B if required. | 8a | |
| b | Tax-exempt interest. DO NOT include on line 8a | 8b | |
| 9 | Dividends. Attach Schedule B if required. | 9 | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 12) | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ. | 12 | 17,784 |
| 13 | Capital gain or (loss). Attach Schedule D. | 13 | |
| 14 | Other gains or (losses). Attach Form 4797. | 14 | |
| 15a | Total IRA distributions | 15a | |
| b | Taxable amount (see pg. 13) | 15b | |
| 16a | Total pensions and annuities | 16a | |
| b | Taxable amount (see pg. 13) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 346 |
| 18 | Farm income or (loss). Attach Schedule F. | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount (see pg. 14) | 20b | |
| 21 | Other income. | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income. | 22 | 18,130 |

Adjusted Gross Income

If line 32 is under \$29,290 (under \$9,970 if a child did not live with you), see EIC inst. on page 21.

| | | | |
|----|---|-----|--------|
| 23 | IRA deduction (see page 16) | 23 | |
| 24 | Medical savings account deduction. Attach Form 8853 | 24 | |
| 25 | Moving expenses. Attach Form 3903 or 3903-F. | 25 | |
| 26 | One-half of self-employment tax. Attach Schedule SE | 26 | 1,281 |
| 27 | Self-employed health insurance deduction (see page 17) | 27 | |
| 28 | Keogh and self-employed SEP and SIMPLE plans | 28 | |
| 29 | Penalty on early withdrawal of savings. | 29 | |
| 30 | Alimony paid. b Recipient's SSN ▶ | 30a | |
| 31 | Add lines 23 through 30a. | 31 | 1,281 |
| 32 | Subtract line 31 from line 22. This is your adjusted gross income | 32 | 16,849 |

For Privacy Act and Paperwork Reduction Act Notice, see page 38.

Form 1040 (1997)

Tax
Compu-
tation

| | | | |
|----|---|----|--------|
| 33 | Amount from line 32 (adjusted gross income) | 33 | 16,849 |
| 34 | a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 34a | | |
| | b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 18 and check here. ▶ 34b <input type="checkbox"/> | | |
| 35 | Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see page 18 if you checked any box on line 34a or 34b or someone can claim you as a dependent. • Single - \$4,150 • Married filing jointly or Qualifying widow(er) - \$6,900 • Head of household - \$6,050 • Married filing separately - \$3,450 | 35 | 4,150 |
| 36 | Subtract line 35 from line 33 | 36 | 12,699 |
| 37 | If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter | 37 | 2,650 |
| 38 | Taxable income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0- | 38 | 10,049 |
| 39 | Tax. See page 19. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 39 | 1,504 |

If you want the IRS to figure your tax, see page 18.

Credits

| | | | |
|----|--|----|-------|
| 40 | Credit for child and dependent care expenses. Att. Form 2441 | 40 | |
| 41 | Credit for the elderly or the disabled. Attach Schedule R. | 41 | |
| 42 | Adoption credit. Attach Form 8839. | 42 | |
| 43 | Foreign tax credit. Attach Form 1116. | 43 | |
| 44 | Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) | 44 | |
| 45 | Add lines 40 through 44 | 45 | |
| 46 | Subtract line 45 from line 39. If line 45 is more than line 39, enter -0- | 46 | 1,504 |

Other
Taxes

| | | | |
|----|---|----|-------|
| 47 | Self-employment tax. Att. Sch. SE | 47 | 2,562 |
| 48 | Alternative minimum tax. Attach Form 6251. | 48 | |
| 49 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. | 49 | |
| 50 | Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required. | 50 | |
| 51 | Advance earned income credit payments from Form(s) W-2 | 51 | |
| 52 | Household employment taxes. Attach Schedule H | 52 | |
| 53 | Add lines 46 through 52. This is your total tax ▶ | 53 | 4,066 |

Payments

| | | | |
|----|--|-----|---|
| 54 | Federal income tax withheld from Forms W-2 and 1099 | 54 | |
| 55 | 1997 estimated tax payments and amount applied from 1996 return. | 55 | |
| 56 | a Earned income credit. Att. Sch. EIC if you have a qualifying child. b Nontaxable earned income: amt. ▶ <input type="text"/> and type ▶ <input type="text"/> NO | 56a | |
| 57 | Amount paid with Form 4868 (request for extension). | 57 | |
| 58 | Excess social security and RRTA tax withheld (see page 27). | 58 | |
| 59 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136. | 59 | |
| 60 | Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments ▶ | 60 | 0 |

Attach Forms W-2, W-2G, and 1099-R on the front.

Refund

| | | | |
|-----|--|-----|--|
| 61 | If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID | 61 | |
| 62a | Amount of line 61 you want REFUNDED TO YOU ▶ | 62a | |
| | b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number <input type="text"/> | | |
| 63 | Amount of line 61 you want APPLIED TO 1998 ESTIMATED TAX ▶ | 63 | |

Have it directly deposited! See page 27 and fill in 62b, 62c, and 62d.

Amount
You Owe

| | | | |
|----|---|----|-------|
| 64 | If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE . For details on how to pay, see page 27 | 64 | 4,078 |
| 65 | Estimated tax penalty. Also include on line 64. | 65 | 12 |

Sign
Here

| | | |
|--|----------------------|----------------------|
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Your signature | Date | Your occupation |
| <input type="text"/> | <input type="text"/> | MARKETING CONSULTANT |
| Spouse's signature. If a joint return, BOTH must sign. | Date | Spouse's occupation |
| <input type="text"/> | <input type="text"/> | |

Keep a copy of this return for your records.

Paid
Preparer's
Use Only

| | | | | |
|---|---|----------|---|--------------------------------|
| Preparer's signature | DAVID P. THELIN | Date | Check if self-employed <input type="checkbox"/> | Preparer's social security no. |
| Firm's name (or yours if self-employed) and address | WISEMAN & BURKE, INC. 206 S. BRAND BLVD. GLENDALE, CA | EIN | | |
| | | ZIP code | | 91204 |

Underpayment of
Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

1997

Attachment
Sequence No. 06

KATHLEEN M. GOLD

Identifying number

Note: In most cases, you **do not** need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 **only** if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from line 20 or line 32 on the penalty line of your return, but **do not** attach Form 2210.

Part I Reasons for Filing - If 1a, b, or c below applies to you, you may be able to lower or eliminate your penalty. But you **MUST** check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none apply, see the **Note** above):

- a ☐ You request a **walver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Walver of Penalty** on page 1 of the instructions.
- b ☐ You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
- c ☐ You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 22 on page 3.
- d ☐ Your required annual payment (line 13 below) is based on your 1996 tax and you filed or are filing a joint return for either 1996 or 1997 but not for both years.

Part II Required Annual Payment

| | | | |
|----|---|----|-------|
| 2 | Enter your 1997 tax after credits (see page 2 of the instructions). Caution: Also see page 2 for a special rule if claiming the research credit. | 2 | 1,504 |
| 3 | Other taxes (see page 2 of the instructions). | 3 | 2,562 |
| 4 | Add lines 2 and 3. | 4 | 4,066 |
| 5 | Earned income credit | 5 | |
| 6 | Credit for Federal tax paid on fuels. | 6 | |
| 7 | Add lines 5 and 6. | 7 | 0 |
| 8 | Current year tax. Subtract line 7 from line 4. | 8 | 4,066 |
| 9 | Multiply line 8 by 90% (.90). | 9 | 3,659 |
| 10 | Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions). | 10 | |
| 11 | Subtract line 10 from line 8. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty. | 11 | 4,066 |
| 12 | Enter the tax shown on your 1996 tax return (110% of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married filing separately for 1997, more than \$75,000). Caution: See page 2 of the instructions. | 12 | 197 |
| 13 | Required annual payment. Enter the smaller of line 9 or line 12. | 13 | 197 |

Note: If line 10 is equal to or more than line 13, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (**Caution:** See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or c in Part I, skip this part and go to Part IV.)

| | | | | | | | | | |
|-------------------|---|------------------------------------|-----|------------------------------------|---|--------|---|----|---|
| 14 | Enter the amount, if any, from line 10 above. | 14 | | | | | | | |
| 15 | Enter the total amount, if any, of estimated tax payments you made. | 15 | | | | | | | |
| 16 | Add lines 14 and 15. | 16 | | | | | | | |
| 17 | Total underpayment for year. Subtract line 16 from line 13. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above. | 17 | 197 | | | | | | |
| 18 | Multiply line 17 by .05986. | 18 | 12 | | | | | | |
| 19 | <p>• If the amount on line 17 was paid on or after 4/15/98, enter -0-.</p> <p>• If the amount on line 17 was paid before 4/15/98, make the following computation to find the amount to enter on line 19.</p> <table border="0"> <tr> <td>Amount on line 17</td> <td>x</td> <td>Number of days paid before 4/15/98</td> <td>x</td> <td>.00025</td> <td>=</td> </tr> </table> | Amount on line 17 | x | Number of days paid before 4/15/98 | x | .00025 | = | 19 | 0 |
| Amount on line 17 | x | Number of days paid before 4/15/98 | x | .00025 | = | | | | |
| 20 | PENALTY. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 65; Form 1040A, line 34; Form 1040NR, line 65; Form 1040NR-EZ, line 26; or Form 1041, line 27. | 20 | 12 | | | | | | |

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 2210 (1997)

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service

Partnerships, joint ventures, etc., must file Form 1065.

Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040).

1997
Attachment
Sequence No. **09**

Name of proprietor

KATHLEEN M. GOLD

Social security number (SSN)

B Enter principal business code
(from page C-6) 7286

A Principal business or profession, including product or service (see page C-1)

COMPUTER CONSULTING

C Business name. If no separate business name, leave blank.

DIGITAL GOLD

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 1997, check here

Part I Income

| | | | |
|---|---|---|--------|
| 1 | Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here. | 1 | 59,360 |
| 2 | Returns and allowances | 2 | 1,890 |
| 3 | Subtract line 2 from line 1 | 3 | 57,470 |
| 4 | Cost of goods sold (from line 42 on page 2) | 4 | |
| 5 | Gross profit. Subtract line 4 from line 3 | 5 | 57,470 |
| 6 | Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 57,470 |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|-----|---|-----|--------|-----|---|-----|--------|
| 8 | Advertising | 8 | 348 | 19 | Pension and profit-sharing plans | 19 | |
| 9 | Bad debts from sales or services (see page C-3) | 9 | | 20 | Rent or lease (see page C-4): | 20 | |
| 10 | Car and truck expenses (see page C-3) | 10 | 728 | 20a | a Vehicles, machinery & equipment | 20a | |
| 11 | Commissions and fees | 11 | 748 | 20b | b Other business property | 20b | 885 |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | 21 | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see page C-3) | 13 | | 22 | Supplies (not included in Part III) | 22 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 23 | Taxes and licenses | 23 | 300 |
| 15 | Insurance (other than health) | 15 | 230 | 24 | Travel, meals, and entertainment: | 24 | |
| 16 | Interest: | 16 | | 24a | a Travel | 24a | 300 |
| 16a | a Mortgage (paid to banks, etc.) | 16a | | 24b | b Meals and entertainment | 24b | 256 |
| 16b | b Other | 16b | | 24c | c Enter 50% of line 24b subject to limitations (see page C-4) | 24c | 128 |
| 17 | Legal and professional services | 17 | 26,898 | 24d | d Subtract line 24c from line 24b | 24d | 128 |
| 18 | Office expense | 18 | 1,274 | 25 | Utilities | 25 | 60 |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27 in columns | 28 | | 26 | Wages (less employment credits) | 26 | |
| 29 | Tentative profit (loss). Subtract line 28 from line 7 | 29 | | 27 | Other expenses (from line 48 on page 2) | 27 | 7,787 |
| 30 | Expenses for business use of your home. Attach Form 8829 | 30 | | 31 | | 31 | 17,784 |
| 31 | Net profit or (loss). Subtract line 30 from line 29. | 31 | | | | | |

If a profit, enter on **Form 1040, line 12**, and ALSO on **Schedule SE, line 2** (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

If a loss, you **MUST** go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

If you checked 32a, enter the loss on **Form 1040, line 12**, and ALSO on **Schedule SE, line 2** (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you **MUST** attach **Form 6198**.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1997

Part III Cost of Goods Sold (see page C-5)

| | | | | |
|----|---|---------------------------------|--|---|
| 33 | Method(s) used to value closing inventory: | a <input type="checkbox"/> Cost | b <input type="checkbox"/> Lower of cost or market | c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | |
| 37 | Cost of labor. Do not include salary paid to yourself | 37 | | |
| 38 | Materials and supplies | 38 | | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | |
| 41 | Inventory at end of year | 41 | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 | | |

Part IV Information on Your Vehicle. Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

| | | |
|-----|---|---|
| 43 | When did you place your vehicle in service for business purposes? (month, day, year) ▶ | 4/01/96 |
| 44 | Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for: | |
| | a Business | 2,312 |
| | b Commuting | |
| | c Other | 6,642 |
| 45 | Do you (or your spouse) have another vehicle available for personal use? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 46 | Was your vehicle available for use during off-duty hours? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | b If "Yes," is the evidence written? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

| | |
|--|-------|
| ACCOUNTING | 300 |
| BANK CHARGES | 472 |
| CONSULTING | 250 |
| DUES AND SUBSCRIPTIONS | 541 |
| PAGING SERVICE | 360 |
| POSTAGE | 180 |
| PRINTING | 60 |
| RESEARCH | 176 |
| TELEPHONE | 5,448 |
| 48 Total other expenses. Enter here and on page 1, line 27 | 7,787 |

Name(s) shown on return.

Your social security number

KATHLEEN M. GOLD

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations If you report a loss from an at-risk activity, you MUST check either column (e) or (f) on line 27 to describe your investment in the activity. See page E-4. If you check column (f), you must attach Form 6198.

| 27 | (a) Name | (b) Enter P for partnership; S for S corp. | (c) Check if foreign partnership | (d) Employer identification number | Invest. At Risk? | (e) All is at risk | (f) Some is at risk |
|----|-----------|--|----------------------------------|------------------------------------|------------------|--------------------|---------------------|
| A | GOLDLINKS | P | | | | | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |

| Passive Income and Loss | | | | Nonpassive Income and Loss | | | |
|---|--------------------------------------|---------------------------------------|--|---|----|-----|--|
| (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss from Schedule K-1 | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 | | | |
| A | | | | | | 346 | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| 28a Totals | | | | | | 346 | |
| b Totals | | | | | | | |
| 29 Add columns (h) and (k) of line 28a | | | | | 29 | 346 | |
| 30 Add columns (g), (i), and (j) of line 28b | | | | | 30 | () | |
| 31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below | | | | | 31 | 346 | |

Part III Income or Loss From Estates and Trusts

| 32 | (a) Name | (b) Employer ID number |
|--|--------------------------------------|---|
| A | | |
| B | | |
| C | | |
| D | | |
| Passive Income and Loss | | Nonpassive Income and Loss |
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 |
| A | | |
| B | | |
| C | | |
| D | | |
| 33a Totals | | |
| b Totals | | |
| 34 Add columns (d) and (f) of line 33a | | 34 |
| 35 Add columns (c) and (e) of line 33b | | 35 () |
| 36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below | | 36 |

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

| 37 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see page E-5) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|----|---|------------------------------------|---|---|--------------------------------------|
| | | | | | |
| 38 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below | | | | 38 |

Part V Summary

| | | | |
|----|---|----|-----|
| 39 | Net farm rental income or (loss) from Form 4835. Also, complete line 41 below | 39 | |
| 40 | TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 | 40 | 346 |
| 41 | Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-5) | 41 | |
| 42 | Reconciliation for Real Estate Professionals. If you were real estate professional (see pg. E-4), enter net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under passive activity loss rules. | 42 | |

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

► See Instructions for Schedule SE (Form 1040).

► Attach to Form 1040.

1997

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)

KATHLEEN M. GOLD

Social security number of person
with **self-employment** income . . . ►

Who Must File Schedule SE

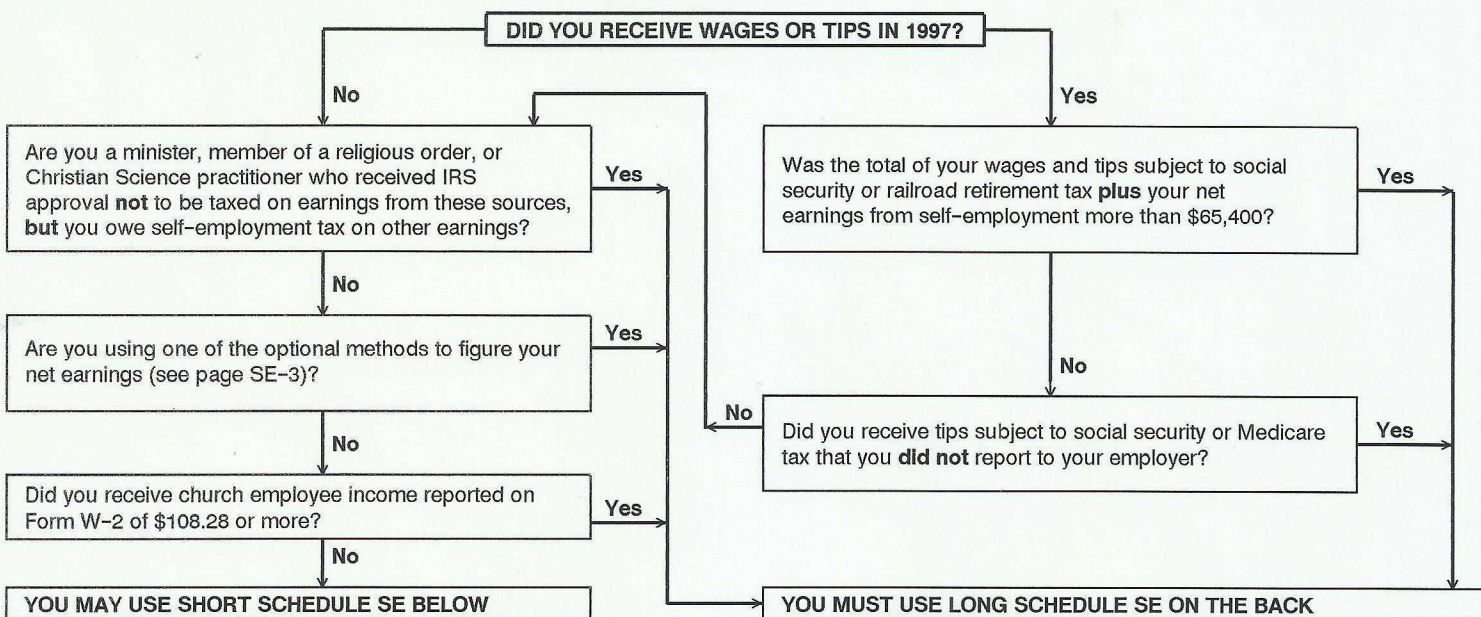
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **OR**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See page SE-1.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A – Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

| | | | |
|--|----------|--------|--|
| 1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a | 1 | | |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report | 2 | 18,130 | |
| 3 Combine lines 1 and 2 | 3 | 18,130 | |
| 4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ► | 4 | 16,743 | |
| 5 Self-employment tax. If the amount on line 4 is: • \$65,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than \$65,400, multiply line 4 by 2.9% (.029). Then, add \$8,109.60 to the result. Enter the total here and on Form 1040, line 47. | 5 | 2,562 | |
| 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 26 | 6 | 1,281 | |

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1997

Application for Additional Extension of Time To File U.S. Individual Income Tax Return

Department of the Treasury
Internal Revenue Service

► See instructions on back.

► You MUST complete all items that apply to you.

1997

| | | | |
|---|--|--------------------------|--|
| Please type or print. File by the due date for filing your return. | Your first name and initial KATHLEEN M. GOLD | Last name GOLD | Your social security number [REDACTED] |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number |

Home address (number and street)

11054 VENTURA BLVD 203

City, town or post office, state, and ZIP code

STUDIO CITY, CA 91604

Please fill in the Return Label at the bottom of this page.

1 I request an extension of time until 10/15, 1998, to file Form 1040EZ, Form 1040A, Form 1040, Form 1040NR-EZ, or Form 1040NR for the calendar year 1997, or other tax year ending _____, 19____.

2 Explain why you need an extension. You must give an adequate explanation ►

TAXPAYER NEED ADDITIONAL TIME IN ORDER TO GATHER THE DATA NECESSARY FOR
FILING A COMPLETE AND ACCURATE RETURN

3 Have you filed Form 4868 to request an automatic extension of time to file for this tax year? ☒ Yes ☐ No
If you checked "No," we will grant your extension only for undue hardship. Fully explain the hardship on line 2. Attach any information you have that helps explain the hardship.

If you expect to have to file a gift or generation-skipping transfer (GST) tax return, complete line 4.

4 If you or your spouse plan to file a gift or GST tax return (Form 709 or 709-A) for 1997, generally due by April 15, 1998, see the instructions and check here. ☐ Yourself ☐ Spouse.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of taxpayer ► _____ Date ► _____

Signature of spouse ► _____ Date ► _____
(If filing jointly, BOTH must sign even if only one had income.)

Signature of preparer other than taxpayer ► _____ Date ► _____

Please fill in the Return Label below with your name, address, and social security number. The IRS will complete the Notice to Applicant and return it to you. If you want it sent to another address or to an agent acting for you, enter the other address and add the agent's name.

(Do not detach)

Notice to Applicant

To Be Completed by the IRS

- ☐ We HAVE approved your application.
- ☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period to _____. This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return.
- ☐ We HAVE NOT approved your application. After considering the information you provided in item 2 above, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of your return.
- ☐ Other _____

Director

Date

Return Label (Please type or print) (Agents: Always include taxpayer's name.)

Taxpayer's name(s) (and agent's name, if applicable). If a joint return, also give spouse's name.

KATHLEEN M. GOLD
WISEMAN & BURKE, INC.

Number and street (include suite, room, or apt. no.) or P.O. box number

206 S. BRAND BLVD.

City, town or post office, state, and ZIP code

GLENDAL, CA 91204

Taxpayer's social security number

Spouse's social security number

LSC
TAXABLE YEAR

1997

Return Payment Voucher for Individuals

CALIFORNIA FORM

540-V

Fiscal year filers, enter year ending: month year 1 9 9 8

Your first name Initial Last name

KATHLEEN M. GOLD

Your social security number

If joint payment, spouse's first name Initial Spouse's last name if different from yours

Spouse's social security number

Present home address - number and street including PO Box or rural route

Apt. no.

11054 VENTURA BLVD 203

City, town or post office

State ZIP Code

STUDIO CITY, CA 91604

Make your check or money order payable to "Franchise Tax Board."

Amount of payment

Write your social security number, type of return and tax year on
your check or money order

Attach this voucher and your payment to the front of your return.

\$

216.00

5
4
0
V

LSC
**California Resident
Income Tax Return 1997**

APE

540

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NO

**DO NOT
ATTACH
LABEL**

KATHLEEN

GOLD
M GOLD

97

**Do Not Write
In These Spaces**

P

AC

A

R

RP

Step 1

**Name
and
Address**

11054 VENTURA BL APT 203
STUDIO CITY CA 91604

FOR COMPUTERIZED USE ONLY

| | | | | | | | |
|----|-------|----|-----|----|-----|------------|---|
| 01 | 1 | 30 | 0 | 49 | 0 | 62 | 1 |
| 06 | 0 | 31 | 0 | 50 | 0 | APE | 0 |
| 09 | 0 | 35 | 0 | 51 | 0 | 3800 | 0 |
| 10 | 0 | 36 | 0 | 52 | 0 | 3803 | 0 |
| 12 | 0 | 37 | 216 | 53 | 0 | CATMT | 0 |
| 14 | 0 | 38 | 0 | 54 | 0 | SCHG1 | 0 |
| 16 | 0 | 39 | 0 | 55 | 0 | 5870A | 0 |
| 17 | 16849 | 41 | 0 | 56 | 0 | 5805 5805F | 0 |
| 18 | 2583 | 43 | 0 | 57 | 0 | 954077421 | |
| 20 | 284 | 44 | 0 | 58 | 0 | | |
| 21 | 68 | 45 | 0 | 59 | 216 | | |
| 23 | 0 | 46 | 216 | 61 | 0 | | |
| 28 | 0 | 47 | 0 | | | | |
| 29 | 0 | 48 | 0 | | | | |

Step 2

Filing Status

Check only one.

- 1 ☒ Single
2 ☐ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return.
4 ☐ Head of household (with qualifying person).
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19

Enter spouse's social security number above and full name here.

If the qualifying person is a child but not your dependent, enter child's name here.

Step 3

Exemptions

Do not enter
dollar amounts
in the boxes.

Attach check
or money order
and Form 540-V
here.

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here • 6 ☐
7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. • 7 1
8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2 • 8
9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2 • 9
10 Dependents: Enter name and relationship. Do not include yourself, your spouse or the person listed on line 4.
11 Total number of dependents. Enter total number of dependents 10 1

Step 4

**Taxable
Income**

Att. copy of your
Form(s) W-2,
W-2G and
1099-R here.

- 12 State wages from your Form(s) W-2, box 17 • 12 16,849
13 Federal AGI from Form 1040, line 32; Form 1040A, line 16; Form 1040EZ, line 4; or TeleFile Tax Record, line H • 13 16,849
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 32, column B • 14 16,849
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. • 15 2,583
16 California adjustments - additions. Enter the amount from Schedule CA (540), line 32, column C. • 16 14,266
17 California adjusted gross income. Combine line 15 and line 16 • 17 14,266
18 Enter your CA standard deduction OR your CA itemized deductions • 18 284
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- • 19 68

Step 5

Tax

- 20 Tax. Check if from ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 • 20 216
21 Exemption credits. Check one: ☒ Flowchart ☐ Federal AGI limit or ☐ CA TMT limit • 21 216
22 Subtract line 21 from line 20. If less than zero, enter -0- • 22 216
23 Tax. Check if from ☐ Schedule G-1 and ☐ form FTB 5870A • 23
24 Add line 22 and line 23. • 24

For Privacy Act Notice, see instructions.

Continue to Side 2

Form 540 C1 1997 Side 1

| | | | | |
|----------------|----|--|----|-----|
| Step 6 | 25 | Amount from Side 1, line 24 | 25 | 216 |
| Credits | 28 | Credit name _____ code no. ▶ 28 | | |
| | 29 | Credit name _____ code no. ▶ 29 | | |
| | 30 | Credit name _____ code no. ▶ 30 | | |
| | 31 | To claim more than three credits, see instructions • 31 | | |
| | 33 | Add line 28 through line 31. These are your total credits | 33 | |
| | 34 | Subtract line 33 from line 25. If less than zero, enter -0- | 34 | 216 |

| | | | | |
|--------------------|----|---|------|-----|
| Step 7 | 35 | Alternative minimum tax. Attach Schedule P (540) | • 35 | |
| Other Taxes | 36 | Other taxes and credit recapture. See instructions | • 36 | |
| | 37 | Add line 34 through line 36. This is your total tax | • 37 | 216 |

| | | | | |
|-----------------|----|---|------|--|
| Step 8 | 38 | CA income tax withheld. Enter total from your 1997 Form(s) W-2, W-2G, 1099-MISC and 1099-R. Also, attach form(s) to Side 1 | ■ 38 | |
| Payments | 39 | 1997 California estimated tax and amount applied from your 1996 return. Include the amount from form FTB 3519 or Schedule K-1 (541) | ■ 39 | |
| | 41 | Did either you/your spouse rec. more than \$31,767 in wages in 1997? Yes. See instructions. No. Go to line 42 | ■ 41 | |
| | 42 | Add line 38 through line 41. These are your total payments | 42 | |

| | | | | |
|--------------------------------|----|---|------|-----|
| Step 9 | 43 | Overpaid tax. If line 42 is larger than line 37, subtract line 37 from line 42 | 43 | |
| Overpaid Tax or Tax Due | 44 | Amount of line 43 you want applied to your 1998 estimated tax | ■ 44 | |
| | 45 | Overpaid tax available this year. Subtract line 44 from line 43 | ■ 45 | |
| | 46 | Tax due. If line 42 is less than line 37, subtract line 42 from line 37 | 46 | 216 |

| | | | | |
|----------------------|----|---|---|------|
| Step 10 | 47 | Contribution to California Seniors Special Fund. See instructions | • 47 | |
| Contributions | | You may make a contribution of \$1 or more to: | | |
| | 48 | Alzheimer's Disease/Related Disorders Fund | • 48 | 00 |
| | 49 | California Fund for Senior Citizens | • 49 | 00 |
| | 50 | Rare and Endangered Species Preservation Program | • 50 | 00 |
| | 51 | State Children's Trust Fund for the Prevention of Child Abuse | • 51 | 00 |
| | 52 | California Breast Cancer Research Fund | • 52 | 00 |
| | 53 | California Firefighters' Memorial Fund | • 53 | 00 |
| | 54 | California Public School Library Protection Fund | • 54 | 00 |
| | 55 | D.A.R.E. California (Drug Abuse Resistance Education) Fund | • 55 | 00 |
| | 56 | California Military Museum Fund | • 56 | 00 |
| | | 57 | Add line 47 through line 56. These are your total contributions | • 57 |

| | | | | |
|---------------------------------|----|---|---------|-----|
| Step 11 | 58 | REFUND OR NO AMOUNT DUE. Subtract line 57 from line 45. Mail your return to: IMAGE PROCESSING, FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 | ■ 58 \$ | 0 |
| Refund or Amount You Owe | 59 | AMOUNT YOU OWE. Add line 46 and line 57. Make a check or money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1997 Form 540" on it. Complete Form 540-V. Attach both to the front of your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 | ■ 59 \$ | 216 |

| | | | | |
|-------------------------------|----|---|--|--|
| Step 12 | 60 | Interest, late return penalties and late payment penalties | 60 | |
| Interest and Penalties | 61 | Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here | <input type="checkbox"/> ■ 61 | |
| | 62 | If you do not need California income tax forms mailed to you next year, check here | • 62 <input checked="" type="checkbox"/> | |

Sign Here

It is unlawful to forge a spouse's signature.

IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

| | | | |
|----------------|--|------|----------------------|
| Your signature | Spouse's signature (if filing joint, both must sign) | Date | Daytime phone number |
| X | X | | 818-343-7508 |

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

DAVID P. THELIN

Firm's name (or yours if self-employed)

Firm's address

WISEMAN & BURKE, INC.
206 S. BRAND BLVD.
GLENDALE, CA 91204

LSC
TAXABLE YEAR
1997

**Payment Voucher for Automatic Extension
for Individuals**

CALIFORNIA FORM
3519

TAX PAYMENT WORKSHEET FOR YOUR RECORDS

| | | | |
|---|---|----|-----|
| 1 | Total tax you expect to owe | 1 | 216 |
| 2 | Payments and credits: | | |
| a | California income tax withheld | 2a | |
| b | California estimated tax payments and amount applied from your 1996 return. | 2b | |
| c | Other payments and credits | 2c | |
| 3 | Total tax payments and credits. Add line 2a through line 2c | 3 | |
| 4 | Tax due. If line 3 is more than line 1, see instructions. If line 1 is more than line 3, subtract line 3 from line 1. Enter the result here and on the voucher below | 4 | 216 |

MAIL FORM 3519 PAYMENTS TO:

FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0051

| | | | | | |
|---|--|--|--|--|--|
| LSC TAXABLE YEAR 1997 | | Payment Voucher for Automatic Extension for Individuals | | CALIFORNIA FORM 3519 | |
| Your first name KATHLEEN M. GOLD | | Initial Last name | | Your social security number [REDACTED] | |
| If joint payment, spouse's first name | | Initial Spouse's last name if different from yours | | Spouse's social security number | |
| Present home address - number and street including P.O. Box or rural route 11054 VENTURA BLVD | | | | Apt. no. 203 | |
| City, town or post office STUDIO CITY, CA 91604 | | | | State ZIP Code | |
| IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM | | | | P I T PAYMENT VOUCHER 5 | |
| MAIL TO: FRANCHISE TAX BOARD P.O. BOX 942867 SACRAMENTO CA 94267-0051 | | | | | |
| (Calendar year - Due April 15, 1998) | | | | | |
| Amount of payment \$ 216 00 | | | | | |
| For Privacy Act Notice, see form FTB 1131 | | | | | |

FTB 3519 1997